

**Amended**

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
CAMDEN DISTRICT OF NJ		AMENDED
Name of Debtor <b>David A. Rivera And Marianne M. Rivera, aka Marianne M. Hampton</b>		Case Number <b>02-16637/JHW</b> BK Chapter: 13
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed in pursuant to 11 U.S.C. Section 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>WASHINGTON MUTUAL BANK, FA</b> Name and Address where notices should be sent: <b>WASHINGTON MUTUAL BANK, FA</b> <b>P.O. BOX 1169</b> <b>MILWAUKEE, WI 53201-1169</b>		BY: <b>JAMES J. WALDRON</b> <b>02 NOV 13 AM 11:35</b> U.S. BANKRUPTCY COURT FILED CAMDEN, NJ THIS SPACE IS FOR COURT USE ONLY
Telephone Number: <b>414-359-XXXX/800-558-9995</b> Account or other number by which creditor identifies debtor: Loan Number: <b>8018587207 Atty File #:01-41614</b>		
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		<input type="checkbox"/> Check here if this claim replaces a previously filed claim, dated <b>08/14/2002</b>
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. Section 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: <b>01/31/2000</b>		3. If court judgment, date obtained: _____
4. Total Amount of Claim at Time Case Filed: <b>\$132,810.70</b> Principal Balance Only		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Note on: <b>2203 Beacon Hill Drive, Sicklerville, NJ 08081</b> Value of Collateral: \$ _____  Amount of Arrearage and other charges at time case filed included in secured claim, if any: <b>\$21,457.49</b>		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. Section 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. Section 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. Section 507(a)(6). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. Section 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. Section 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. Section 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. Section 507(a)( ).  <small>*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY  Mail Executed Proof to
Date <b>November 8, 2002</b> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <b>By: RHONDA LYNN SCHWARTZ, ESQ. for Washington Mutual Bank, FA</b> <b>Shapiro &amp; Diaz, LLP, 406 Lippincott Drive, Suite J, Marlton, NJ, 08053</b> <b>(856) 810-1700 Fax: (856) 810-1626</b>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. Sections 152 and 3571.		

\* Show Creditors SS# or Tax ID # and Office Code Here: \_\_\_\_\_  
 (Bank shows Bank Routing Number)

(To be used solely for purpose of processing claim.  
 If number not shown, claim cannot be processed.)

**United States Bankruptcy Court**

Camden District of NJ

**EXHIBIT 'A'**

In Re: David A. Rivera And Marianne M. Rivera Aka

Principal Balance: \$132,810.70

BK Case #: 02-16637/JHW

Pre-Petition

Payments Due From: July 1, 2001

Date on POC: November 8, 2002

Client: WASHINGTON MUTUAL BANK, FA

No. of Months	<u>2</u>	X Monthly Payment of	<u>\$1,402.82</u>	=	\$ <u>2,805.64</u>
No. of Months	<u>2</u>	X Monthly Late Charge of	<u>\$28.06</u>	=	\$ <u>56.12</u>
No. of Months	<u>11</u>	X Monthly Payment of	<u>\$1,373.43</u>	=	\$ <u>15,107.73</u>
No. of Months	<u>10</u>	X Monthly Late Charge of	<u>\$27.47</u>	=	\$ <u>274.70</u>
No. of Months	<u>0</u>	X Monthly Payment of	<u>\$0.00</u>	=	\$ <u>0.00</u>
No. of Months	<u>0</u>	X Monthly Late Charge of	<u>\$0.00</u>	=	\$ <u>0.00</u>
No. of Months	<u>0</u>	X Monthly Payment of	<u>\$0.00</u>	=	\$ <u>0.00</u>
No. of Months	<u>0</u>	X Monthly Late Charge of	<u>\$0.00</u>	=	\$ <u>0.00</u>

Unapplied/Suspense	=	\$ <u>0.00</u>
Accrued Late Charges	=	\$ <u>0.00</u>
Appraisal Fees	=	\$ <u>0.00</u>
NSF Check Charges	=	\$ <u>0.00</u>
Property Inspection	=	\$ <u>51.30</u>
Property Preservation	=	\$ <u>0.00</u>
Other: @ \$0.00	=	\$ <u>0.00</u>
@ \$0.00		
@ \$0.00		
@ \$0.00		

TOTAL = \$ 18,295.49

Bankruptcy Fees	=	\$ <u>375.00</u>
Bankruptcy Costs	=	\$ <u>0.00</u>
Prior Foreclosure Fees	=	\$ <u>1,300.00</u>
Prior Foreclosure Costs	=	\$ <u>1,487.00</u>

TOTAL PRE-PETITION ARREARAGES AND ATTORNEY FEES AND COSTS DUE FOR PROOF OF CLAIM: = \$ 21,457.49

Creditor:  
WASHINGTON MUTUAL BANK, FA  
P.O. Box 1169  
Milwaukee, WI 53201-1169

Attorney:  
RHONDI LYNN SCHWARTZ, ESQ.  
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